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 DATE: March 9, 2005 FILE #: 147063

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U.S. PATENT AND TRADEMARK OFFICE GAU 1648 Examiner Myron G. Hill	571.272.0901	703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 10/752,791 - Filing Date: January 7, 2004

Attachments: Transmittal form (1 sheet)
 Fee Transmittal form (1 sheet) (no fee)
 Response to Restriction Requirement (6 pages)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/752,791
	Filing Date	January 7, 2004
	First Named Inventor	Paul Q. Anziano
	Art Unit	1648
	Examiner Name	Myron G. Hill
Total Number of Pages in This Submission	Attorney Docket Number	MTGY0001-101

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form

<input type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment / Reply

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<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application

<input type="checkbox"/> Reply to Missing Parts
under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____

<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Other Enclosure(s)
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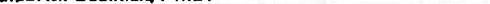
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| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor		
Signature			
Printed Name	Daniel M. Scolnick, Ph.D.		
Date	March 9, 2005	Reg. No.	S2,201

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Daniel M. Scolnick, Ph.D.	Date	March 9, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Times will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete If Known	
Application Number	10/752,781
Filing Date	January 7, 2004
First Named Inventor	Paul Q. Anziano
Examiner Name	Myron G. Hill
Art Unit	1648
Attorney Docket No.	MTGY0001-101

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
				<u>Fee (\$)</u> <u>Fee (\$)</u>
25	- 46 or HP = 0	x _____	= _____	50 25
				200 100
				360 180
<u>Multiple Dependent Claims</u>				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
2	- 3 or HP = 0	x _____	= _____	_____ _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

2 - 3 or HP = 0 x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

<u>Signature</u>		<u>Registration No.</u> (Attorney/Agent)	52,201	<u>Telephone</u>	215-665-6929
Name (Print/Type)	Daniel M. Scotnick, Ph.D.			Date	March 9, 2005

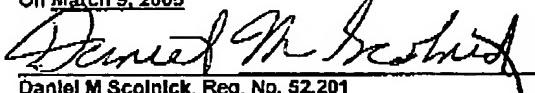
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MTGY0001-101

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Inventors: **Paul Anziano****RECEIVED
CENTRAL FAX CENTER**Serial No.: **10/752,791**Group Art Unit: **1648****MAR 09 2005**Filed: **January 7, 2004**Examiner: **Myron G. Hill**Title: **MANGANESE SUPEROXIDE DISMUTASE EXON 3-DELETED ISOFORMS
AND NUCLEIC ACID MOLECULES ENCODING THE ISOFORMS****Certificate of Facsimile Transmission**

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On March 9, 2005
Daniel M. Scainick

Daniel M Scainick, Reg. No. 52,201

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

RESPONSE TO RESTRICTION REQUIREMENT

This paper is filed in response to the Restriction Requirement mailed February 9, 2005 in connection with the above-identified patent application. Please amend the application as follows:

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.